



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH

December 6, 1989

COMMISSIONER'S POLICY STATEMENT NO. 56

OBSERVATION OF PATIENTS

The Department of Mental Health is committed to the assurance of the safety of all patients under its care through a systematic plan of patient observations commensurate with assessed clinical needs.

All patients in the care of the Department of Mental Health will be placed on one of the four (4) defined levels of observation from the time of admission to the time of discharge.

The Department of Mental Health recognizes the following four (4) levels of patient observation:

- + Routine Observation
- + Three Levels of Special Observation:
 - . Fifteen (15) Minute Observation
 - . Continuous Observation
 - . One to One Observation

Definition of Routine Observation:

Routine Observation is the minimal level of observation for all patients in the care of the Department of Mental Health. All patients on Routine Observation status will be observed by the nursing staff once every hour twenty-four hours a day. This does not include additional Routine Observations such as before and after meals, prior to and after returning from off ward activities, or at change of shift.

Guidelines for Routine Observation

1. Routine Observation is automatic upon admission UNLESS a different level of observation is ordered.
2. At the beginning of each shift the charge nurse will assign staff to be responsible for patient observations, and document staff observation assignments on the daily assignment sheet for that shift.
3. An observation form for Routine Observations will be maintained for each twenty-four (24) hour treatment period on each ward. This form will contain the names of all patients on Routine Observation status.

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Guidelines for Routine Observation, continued

4. Routine Observation forms will be retained by the management designee for a period of thirty (30) days unless a suicide, serious suicide attempt or sudden death without a staff member present has occurred.
5. All patient observation forms will contain the time the observation was made, the initials of the staff person making the observation, the signature and title of the staff person for identification of the initials, and the level of activity of the patient (awake, asleep, at activity, on pass, restless, agitated, etc.). An institutionally designated code system for the patient's level of activity should be utilized.
6. Patients on Routine Observation status may participate in both on and off ward/unit activities as determined by individual program, step level, status or privilege system milieu parameters.
7. Staff of other disciplines treating patients on Routine Observation status at off ward/unit activities are responsible for notifying nursing staff if a patient leaves an activity before its completion or if a patient fails to show up for an assigned activity.
8. Nursing staff is responsible for contacting other disciplines if a patient on Routine Observation status is unable to attend an activity for which he/she is scheduled.
9. Change of shift Routine Observations shall be made jointly by staff members from both shifts.
10. In addition to the minimum routine hourly check for every patient, whereby every patient is accounted for, it is also desirable for staff members to circulate through high-risk areas such as bedrooms and bathrooms at frequent, irregular intervals.
11. A specific order is necessary for the patient without grounds privileges to leave the ward with family or friends.

Definitions for the Three Levels of Special Observation

15-Minute Observations

Fifteen Minute Observations are utilized when a patient's condition or behavior warrants more frequent support and observation than routine hourly observation. The patient who is placed on 15 Minute Observation status should show some ability to maintain treatment and program boundaries, but is not able to maintain independent functioning with less frequent observation.

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Definitions for the Three Levels of Special Observation, cont.

Continuous Observation

Continuous observation is a level of observation during which a patient is in continuous visual contact. Patients whose behavior presents a clinical picture of potentially significant problematic behavior without the presence of continuous staff support should be placed on Continuous Observation status. Nursing staff may observe up to three (3) patients on Continuous Observation status at the same time, providing all patients may be simultaneously kept in visual contact.

One to One Observation

One to One Observation is a level of observation in which a patient is observed on a one staff to one patient ratio. This level of observation is used in the most acute clinical circumstances for patients whose behavior represents a potential for serious, sudden, or impulsive destructive behaviors to self or others. Nursing staff must be within arm's length of the patient from harming himself or others. Modification for specific patient care needs will be written in the physician's order.

Guidelines For Special Observation

1. At the beginning of each shift the charge nurse will assign staff to be responsible for patient observations, and document staff observation assignments on the daily assignment sheet for that shift.
2. Special observation status (15 minute Observation, Continuous Observation, One to One Observation) is initiated on the order of a physician. In the absence of a physician, a registered nurse may initiate a special observation status but will notify the physician immediately and obtain an order.
3. All levels of special observation will contain not only a written order for the level of special observation, but also a statement of rationale for the level of observation, i.e., AWOL, arson, suicide, homicide, medical, etc. A complete physician's order for special observation would read, for example, as follows, "Continuous observation for suicidal and AWOL precautions."
4. A written physician's order must be obtained for the discontinuation of any special observation (15 Minute Observation, Continuous Observation, One to One Observation) status.
5. The clinical condition of any patient on special observation status (15 Minute Observation, Continuous Observation, One to One Observation) must be reviewed and documented by a registered nurse and a physician once every twenty-four hours as the minimal standard.

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Guidelines For Special Observation, continued

6. All orders for special observation levels (15 Minute Observation, Continuous Observation, One to One Observation) must be renewed by the physician every twenty-four hours.
7. An individual observation form will be maintained for each patient on special observation status, (15 Minute Observation, Continuous Observation, One to One Observation).
8. Assigned nursing staff will initial in the appropriate space on the routine or special observation form to denote that the patient was seen by the assigned staff member at the designated time as well as to record the level of activity of the patient. Staff initials will be identified by a full staff signature and title at the designated place on the observation form.
9. Patients on special observation status (15 Minute Observation, Continuous Observation, One to One Observation) are not allowed to leave the ward/unit without the written order of a physician and an accompanying progress note justifying the need for the patient to leave the ward/unit.
10. If it is necessary for a patient on special observation status to leave the confines of the ward or institution for special treatments/therapies, emergency medical care, court appearance, etc. written physician's order is required; the staff to patient ratio should be no less than one to one while the patient is off the ward/unit.
11. Staff of other disciplines who conducts off-ward treatments/therapies will be responsible for continuing the special observation status. Documentation must be entered in the medical record for the time they are with the patient.
12. Special observation forms will be retained as part of the patient's permanent medical record in the appropriate section of the patient's chart.
13. Patients on special observation status (15 Minute Observation, Continuous Observation, One to One Observation) will have a progress note written on each shift. The progress note will include a summary of staff observations, the patient's response to treatment, and the patient's progress toward treatment goals.
14. All patients on One to One Observation will be within arm's length of the staff person at all times. Any exception to this, such as in the case of an extremely homicidal patient, will be accompanied by a physician's written order and progress note waiving the arm's length requirement and stating the rationale for the waiver. (A physician's order can always make a particular observation more stringent).

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Guidelines For Special Observation, continued

15. The patient's plan of care (treatment plan/nursing care plan) must reflect the patient's special observation status, rationale for the special observation status, plan of care while on special observation, and expected outcomes to be achieved.
16. Staff in charge are responsible for insuring that staff assigned to patients on special observation status know the patient's name, level of observation, rationale for the level of observation, and plan of care while the patient is on special observation.
17. Staff will be assigned to observe patients on special observation for a period of time not to exceed two consecutive hours.
18. The dignity and rights of the patients on special observation status will be protected and respected, while simultaneously insuring the safe care of the patient.



Michael F. Hogan, Ph.D.
Commissioner

This policy replaces Commissioner's Policy Statement No. 56, dated March 7, 1988.